

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41504

FILED NOV 25 1957

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. 4425 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>POLK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>POLK</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MORRISVILLE</u>		c. CITY OR TOWN <u>MORRISVILLE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>ALLEN</u> Last <u>JONES</u>		4. DATE OF DEATH <u>Nov 18-1957</u> Month <u>Nov</u> Day <u>18</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 25-1867</u>
9. AGE (In years last birthday) <u>89</u>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>08</u> Days <u>18</u> Hours <u>08</u> Min. <u>48</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired mail carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Lexington, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>R. P. Jones</u>		14. MOTHER'S M maiden NAME <u>Sarah Barton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT Address <u>Lee Jones - Fairplay - Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u> <u>Thrombotic Encephalomalacia and</u> <u>Prolonged Recumbency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>332X</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>30 hours</u> <u>4 years</u> <u>Unknown</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>11</u> Month, Day, Year <u>11-1957</u> a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>Dec. 12, 1953</u> to <u>Nov. 18, 1957</u> and last saw him alive on <u>Nov. 17, 1957</u> Death occurred at <u>3:10 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hange R. Agnew D.O.</u> 22b. ADDRESS <u>Pleasant Hope, Mo.</u> 22c. DATE SIGNED <u>Nov. 19, 57</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>11-1957</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove Cemetery</u> 23d. LOCATION (City, town, or county) (State) <u>Polk Co. Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Brun - Daniel - Walnut Grove - Mo.</u> 25. DATE RECD. BY LOCAL REG. <u>Nov 21, 1957</u> 26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u>			

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Douglas L. Samuel

Licensed Embalmer No. 470

P. O. Address *Asheboro*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.